

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059456

FILED  
Apr 07, 2006  
Secretary of State

Entity Name: TRENDSETTER SOLUTIONS, LTD.CO.

## Current Principal Place of Business:

1075 FOXFIRE LANE  
SUITE 205  
NAPLES, FL 34104

## New Principal Place of Business:

4987 PEPPER CIRCLE  
I #102  
NAPLES, FL 34113

## Current Mailing Address:

118 W. HILO DRIVE  
NAPLES, FL 34113

## New Mailing Address:

FEI Number: 03-0547355

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LLOYD, STEVEN J  
118 W. HILO DRIVE  
NAPLES, FL 34113 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FERRES-FERRAS, KATALINA  
Address: 1075 FOXFIRE LANE  
City-St-Zip: NAPLES, FL 34104

Title: MGRM ( ) Delete  
Name: LLOYD, STEVEN J  
Address: 1075 FOXFIRE LANE  
City-St-Zip: NAPLES, FL 34104

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FERRES-FERRAS, KATALINA  
Address: 4987 PEPPER CIRCLE I #102  
City-St-Zip: NAPLES, FL 34113

Title: MGRM (X) Change ( ) Addition  
Name: LLOYD, STEVEN J  
Address: 4987 PEPPER CIRCLE I #102  
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVEN J. LLOYD

MGRM

04/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date